

INSTRUCTIONS FOR VACCINE ACTIVITY AND ORDER WORKSHEET

The information on this form is required in order to meet vaccine accountability regulations imposed by state and federal granting authorities. It is also the tool used to request vaccines. The order form is four pages in length and **ALL** four pages must be completely filled out and submitted before the order will be filled. Please email forms to DPH.KVP@ky.gov; fax 502-696-4923; or mail forms to KY Vaccine Program, 275 East Main Street, HS2E-B, Frankfort KY 40621. **Our distributor takes approximately 3 weeks to ship your vaccine order. Orders will not be shipped during holidays. Notify our office of any dates your office will be closed for vacation, etc. Please be aware of these situations when placing your vaccine order. Do not place an order if you are going to be out of the office for an extended period.**

- **Provider PIN:** Enter assigned PIN number (the Kentucky Vaccines Program Provider Identification Number assigned by the program) on all four pages. There is a space provided on all four pages for the PIN.
- **Provider demographics:** Enter date, provider name, county, address, fax number and phone number. Check the box if it is a new address. Please fill out acceptable delivery hours for Monday through Thursday (KVP does not deliver on Fridays). Also include any days the clinic will be closed within the next 30 days.
- **Report prepared by:** Enter the full first and last name of the person actually completing the report. (Should be completed by the KVP contact person)
- **You must complete all the boxes in the rows and columns for your order to be processed. Incomplete forms will cause a delay in processing your order.**
- **Doses Requested:** Enter the number of doses you are ordering. Your order may be shorted by the program based on your usage, physical inventory and doses requested. The KVP Program offers DTaP, Hepatitis B PF, and Hib vaccine brands from more than one manufacturer. If there is a choice of vaccine manufacturer, the manufacturer will be listed. ***If you do not write in "Do Not Substitute" we will send any brand we have available.*** If you write in "Do Not Substitute" and we are out of that particular brand, we will not send any brand of the product.
- **Previous Inventory:** This information can be retrieved from the "Current Inventory" column of the last monthly order.
- **Orders Received:** If a shipment of VFC vaccine was received please fill in the correct blanks.
- **Doses Transferred/Expired:** Please fill in this block **plus** the Return and adjustment form for all doses that where expired, transferred, or wasted.
- **Doses Given:** Enter the number of doses administered between the dates of your last order and this order. The total should come from the Vaccine Activity Report Worksheet. Keep copies of your worksheets for 3 years.
- **Current Inventory:** Take a physical count of state-supplied vaccine in stock; do not include any private purchased vaccine in this count. This count should be done on the date the form is completed.
- **Previous Inventory + Inventory Received - Doses Wasted/Expired/Transferred - Doses Given = Current Inventory.** Any discrepancies should be noted on order form and, if needed, an adjustment form completed.
- **NDC #, Lot #, and Expiration Date:** Please record the NDCs, lot numbers, and expiration dates for each vaccine you have in inventory. Use the additional sheet provided if your clinic has more than two different NDCs for one vaccine brand.
- **KVP Eligibility:** Retrieve this information from the KVP Activity Worksheet, which is completed as vaccines are administered. Complete the doses administered portion of the Activity Worksheet and indicate the eligibility category (Medicaid, Uninsured, etc.) of the recipient of the vaccine and what age category they fall under.

Our funding sources require the completion of eligibility categories.

Incomplete eligibility categories may delay your vaccine shipments.

KCHIP Children enrolled in KCHIP are technically not KVP-eligible because they are neither Medicaid-eligible nor uninsured. However, the Department for Public Health has entered into an agreement with the Department of Medicaid Services to be the purchasing and distribution agent of vaccines for children enrolled in the KCHIP Phase III Program. Therefore, KCHIP providers, who are also KVP providers, may serve KCHIP Phase III recipients with vaccines supplied through the KVP Program. Providers must bill KCHIP for the administration fee.

Kentucky Medicaid Managed Care: Passport, Coventry Cares of Kentucky, Kentucky Spirit, and WellCare of Kentucky are managed care programs equivalent to Medicaid. When reporting your eligibility, Kentucky Medicaid Managed Care patients should be classified under Medicaid.